

Circuit Court for Baltimore County
Case No. C-03-JV-25-000048

UNREPORTED*
IN THE APPELLATE COURT
OF MARYLAND

No. 1600

September Term, 2025

IN RE: A.H.

Nazarian,
Shaw,
Eyler, Deborah S.
(Senior Judge, Specially Assigned),

JJ.

Opinion by Shaw, J.

Filed: March 12, 2026

*This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for persuasive value only if the citation conforms to Rule 1-104(a)(2)(B).

This appeal arises from a decision by the Circuit Court for Baltimore County, sitting as a juvenile court, terminating the parental rights of K.H. (“Ms. H.”) to her son, A.H., and granting guardianship of A.H. to the Baltimore County Department of Health and Human Services (the “Department”).¹ On appeal, Ms. H. presents one question, which we have rephrased:

1. Did the trial court err in granting the guardianship petition and terminating her parental rights to A.H.

For reasons set forth below, we affirm the judgment of the juvenile court.

FACTUAL AND PROCEDURAL BACKGROUND

The following facts were adduced from the evidence presented to the court through testimony, reports, and records.

Ms. H. learned that she was pregnant one month prior to giving birth to A.H.² After she felt some movement in her abdomen, she scheduled an ultrasound for June 23, 2023. She claimed that she had no other pregnancy symptoms and that her partner, A.B., had previously informed her that he had a vasectomy.

¹ A.H.’s father, A.B., did not participate in the case and his parental rights were terminated on April 25, 2025, by an order of default. Pursuant to Md. Code (1984, 2019 Repl. Vol.) § 5-320(a)(1)(iii)(1)(C) of the Family Law Article (“FL”), a parent will have consented to the grant of guardianship “by fail[ing] to file a timely notice of objection after being served with a show-cause order[.]”

² The transcript of the TPR hearing was not included in the appellate record. It is in circuit court case, MDEC entry dated 10/24/2025.

After giving birth, Ms. H. felt unprepared to parent and considered adoption for A.H. Hospital staff provided her with information regarding the Safe Haven³ option, but Ms. H. declined that option, preferring to discuss an open adoption. On July 20, 2023, the Department received a report from the hospital citing concerns regarding Ms. H.’s willingness and ability to care for A.H. On July 24, 2023, the Department’s assigned case worker, Megan Whitman, and her supervisor, Valerie LaSota Brown, met with Ms. H. to address concerns about her mental health status, including a concern that she was schizophrenic. Hospital staff had observed Ms. H. appearing paranoid and delusional and not taking care of her own basic needs and hygiene. Ms. Whitman and Ms. La Sota Brown observed that Ms. H. was guarded and appeared to have difficulty processing information. She was paranoid about treatment and asked if she could discontinue her medication because it was “not needed.” Ms. H. agreed to a voluntary psychiatric admission and was hospitalized for eleven days. A.H. remained in the hospital while Ms. H considered whether she wanted him to be adopted.

On July 26, 2023, the Department held a meeting with Ms. H. and Mary S., her adoptive mother, to determine the best placement for A.H. Ms. H. stated that she was unable and unprepared to care for herself and A.H. Mary S. informed the Department that she was not a potential placement option for A.H. because she could not care for him. Ms.

³ The Safe Haven statute provides that a parent who wishes to surrender custody of a newborn may leave the child at a designated facility such as a hospital which then is required to contact the local department of social services. Md. Code (1973, 2020 Repl. Vol.), Courts & Judicial Proceedings Article (“CJP”) § 5-641; *In re B.Cd.*, 267 Md. App. 61, 69 (2025).

H. provided no other potential placement resources for A.H. On July 28, 2023, the Department filed a CINA⁴ petition and shelter care request for A.H. The circuit court granted the shelter care request and A.H. was placed in the custody of the Department in an agency foster home.

Following A.H.’s placement in foster care, the Department made efforts to contact A.B., but he did not respond to their outreach. Ms. H. provided the Department with the contact information for her half-sister, Ms. C., and agreed that the Department could explore Ms. C. as a possible caregiver for A.H.

Upon her discharge from the hospital, Ms. H. was diagnosed with bipolar disorder, mixed type, severe, recurrent with psychotic features and was recommended for follow-up mental health treatment. She was prescribed Zyprexa, but she did not agree with her diagnosis and asked if she could discontinue the Zyprexa, claiming that she did not need it. She informed the Department that she would be exploring other options for mental health treatment.

CINA Adjudication

Following an adjudication and disposition hearing on August 24, 2023, the juvenile court sustained the allegations in the CINA petition and A.H. was adjudicated CINA. The juvenile court found that Ms. H. had significant mental health needs and was currently

⁴ A child in need of assistance (CINA) is one who requires court intervention because the child has been abused, neglected, or has a developmental disability or mental disorder; and his or her “parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child’s needs.” CJP § 3-801(f).

unable to provide proper care and attention to A.H. and wished for him to be adopted. The juvenile court further found that Ms. H. had named A.B. as A.H.'s father and the Department had been unable to make contact with him. The court granted Ms. H. liberal, supervised visitation and ordered her to maintain consistent contact with the Department, sign medical, mental health and educational releases, and complete a parenting class.

The First Review Period

A.H. remained in his foster home and was bonded to his foster family. Ms. C. and her husband had completed the requirements to become relative caregivers for A.H. A.H. was meeting his developmental milestones and was eating and sleeping well.

Ms. H. visited A.H. in August and September of 2023, accompanied by her mother, but after October 4, 2023, she did not visit for the rest of the review period. On October 18, 2023, Ms. H. canceled a visit due to transportation issues. In November, she told the Department that she would feel more comfortable with visitation once A.H. transitioned to Ms. C.'s care. She did not visit A.H. for two months preceding the first review hearing.

Ms. H. had reported to the Department that she discontinued her mental health treatment in September 2023 and was no longer on medication because she did not think she needed it; however, the Department remained concerned, due to the seriousness of her mental health diagnoses. At the time of the review hearing, it was not clear whether Ms. H. had re-engaged with mental health treatment because she had limited contact with the Department. Ms. H. remained adamant that she was unable to care for A.H., and that she wanted him to transition to Ms. C.'s care.

At the conclusion of the initial review hearing, the juvenile court determined that A.H.’s permanency plan would be reunification with a secondary plan of custody and guardianship to a relative.⁵

The Second Review Period

Ms. H. had two visits with A.H. in February 2024. Ms. C. successfully completed a home study and began extended and unsupervised visits with A.H. During the transition to Ms. C.’s home, Ms. H. told the Department that she no longer wanted Ms. C. to be A.H.’s caregiver; instead, she wanted A.H.’s current foster parent to adopt him. The Department explained to Ms. H. that the Department is required to prioritize family members for long-term placement. Ms. H. stated that perhaps she could reunify with A.H. in five or ten years when she was ready. A.H. transitioned to Ms. C.’s home during this period.

Ms. H. completed a fitness to parent evaluation on April 4, 2024, and a psychological evaluation with Dr. Robert Kraft on April 18, 2024. Dr. Kraft reported that Ms. H. did not want to be A.H.’s caretaker and that she stated, “I don’t want that in my life right now.” She continued to “vehemently object[]” to the diagnosis of “bipolar, mixed, severe with psychotic features” she received during her hospitalization.

Although Dr. Kraft did not observe evidence of delusional ideations, mania or hypomania, he did note that Ms. H. exhibited grandiosity, telling Dr. Kraft that she owned

⁵ Though there is a photocopying error on the first page of the Initial Review Hearing Order, the record indicates that the juvenile court adopted the Department’s recommendation as to the permanency plan.

a publishing company, when in fact she intended to use Amazon’s self-publishing feature in the future. She also exhibited paranoid personality traits, suspecting that others may have an exploitive or malicious intent. She withdrew consent for Dr. Kraft to interview her parents and expressed doubt about their loyalty to her, even though they had raised her.

She expressed a “fixed belief that circumstances must be perfect” for her to achieve a goal, whether that goal would be raising a child, pursuing a relationship, or publishing a book. Dr. Kraft found that that Ms. H. had “clinically observable paranoid, obsessive compulsive, and narcissistic personality features” which interfere with her “social and occupational functioning.” Because Ms. H. produced an invalid profile on one of the personality tests, Dr. Kraft was unable to confirm a mental health diagnosis, but he recommended that she complete a course of individual psychotherapy to help her process A.H.’s upcoming adoption, her perfectionism, and suspicions of those around her, as well as to closely monitor her mental state.

At the conclusion of the May 16, 2024 hearing, the juvenile court adopted a sole plan of custody and guardianship to a relative.

The Third Review Period

The Department conducted monthly visits with A.H. to ensure his safety and well-being. A.H. continued to grow and develop into a happy child and was bonding with Ms. C. and her 12-year-old son. A.H. was meeting all his developmental milestones, including walking and speaking simple words and sounds. Ms. C. also maintained a good relationship with A.H.’s former foster parent, and A.H. had visits with her. Ms. H. maintained consistent contact with the Department, but she did not visit A.H. during this

period, stating that she was still not ready. Ms. H. and Ms. C. experienced some conflict, as Ms. H. did not want Ms. C. to post photos of A.H. on social media; however, she remained supportive of A.H.’s placement with Ms. C.

In her conversations with the Department, Ms. H. continued to show paranoia and suspicious affect. She expressed that she was open to the possibility of reunification with A.H. “in five to ten years” when her circumstances are more appropriate for raising children.

Following a hearing on November 25, 2024, the juvenile court changed A.H.’s permanency plan to a concurrent plan of custody and guardianship to a relative and adoption.

The Fourth Review Period

The Department conducted monthly visits with A.H. to ensure that all his needs were met. A.H. continued to thrive in his placement with Ms. C. Ms. H. resumed visitation with A.H. for one hour every other week. Although she generally appeared affectionate toward A.H., she struggled to read his cues and follow his lead. At a February 2025 visit, Ms. H. refused to leave story time when then-19-month-old A.H. became restless and fussy, and Ms. H. appeared not to be engaging with him. Ms. H. also exhibited poor hygiene at visits.

On January 15, 2025, the Department filed a petition for guardianship with the right to consent to adoption. The Department served the petition on Ms. H. on January 28, 2025. Two days later, Ms. H. submitted her objection to the petition and provided the Department with a certificate demonstrating that she had completed parenting classes.

On February 5, Ms. H. contacted the Department to express a desire to reunify with A.H. She stated that previous reports stating that she desired for A.H. to be adopted and that she was not ready to parent him had been fabricated. She claimed that she never had been offered visitation and expressed a desire to speak with the previous social workers and Dr. Kraft so they would change their reports. Ms. H. further claimed that she never had wanted A.H. to be placed in Ms. C.’s care.

Following the hearing on March 27, 2025, the juvenile court continued A.H.’s permanency plan of a concurrent plan of custody and guardianship to a relative and adoption.

The Fifth Review Period

Two-year-old A.H. continued to do very well in his placement with Ms. C. and she expressed interest in adopting him. The Department described him as “an adorable and engaging child who appears to be very easy-going and happy.” The Department observed that he had a healthy attachment to Ms. C., and she ensured that he had established bonds with extended maternal family members and close friends.

Ms. H. continued to participate in visits twice per month. The Department asked Ms. H. to bring a drink, a snack, and an activity for A.H. to the visits. Ms. H. consistently brought bubbles as an activity for A.H. during these visits, but on one particularly hot day, she brought a drink for herself but did not bring one for A.H. Ms. C. invited Ms. H. to visit A.H. on additional scheduled and unscheduled occasions, including maternal family events. Ms. H. attended only one additional visit, A.H.’s second birthday party; however, she arrived late to the party as it was ending.

Ms. H. met with the Department in May 2025 to discuss a service plan, although she did not sign one. She submitted a 1099 form and stated that she was working as a life coach. When the adoption case worker, Jennifer Sandruck, tried to verify Ms. H.’s employment, she found that Ms. H. had misrepresented the company and her role there. Ms. H. still reported that she was receiving mental health treatment, though she had not provided the Department with the name of her mental health provider. Counsel for Ms. H. advised the Department that it would provide reports of her mental health treatment in lieu of her signing a medical release for records, however, the Department did not receive any mental health reports for Ms. H.

Ms. H. continued to reside with her parents and informed the Department that if she reunited with A.H., he could live with her and her parents. When the Department discussed scheduling a visit to assess the home, Ms. H. stated that she preferred that the Department not speak with her parents, stating that Mary S. had dementia and might say things that are untrue. Though Ms. H. provided a letter from her parents indicating that she had long-term housing in their home and that they consented to A.H. living there, the Department informed her that a home visit was required to assess the home.

Upon arrival at the scheduled home visit, Ms. H. would not come out of the home to speak with Ms. Sandruck. Mary S. arrived home and greeted Ms. Sandruck, stating that she was unaware of the visit until that day. Mary S. stated that Ms. H. had instructed her not to speak to the Department. Mary S. told Ms. Sandruck that she just wanted Ms. H. “out of the house” and she did not understand why the Department could not get a doctor to “evaluate [Ms. H.] and put [her] away somewhere.”

The juvenile court continued A.H.’s permanency plan of a concurrent plan of custody and guardianship to a relative and adoption.

The Guardianship Hearing

On September 22, 2025, the juvenile court conducted A.H.’s guardianship hearing by video conference. Ms. H. attended the hearing and was represented by counsel. The Department’s exhibits 1 through 3, including the CINA order, CINA court reports, and Dr. Kraft’s report, were admitted into evidence without objection.

Kevin Morris, A.H.’s assigned caseworker beginning in January 2024, testified that he referred Ms. H. to Dr. Kraft for a parental fitness evaluation. Mr. Morris noted that the Department was concerned that Dr. Kraft was unable to diagnose Ms. H. because she presented as untruthful and defensive during the evaluation. Following Dr. Kraft’s evaluation, Mr. Morris referred Ms. H. for psychotherapy, but she did not pursue any psychological services.

Mr. Morris spoke with Ms. H. consistently and engaged in “long conversations” with her. She remained opposed to reunification, expressing that she wanted to be involved in A.H.’s life but that she could not care for him. She explained that she wanted to reunify with A.H. in five to ten years when she had a suitable partner to help her raise A.H.

Ms. H. had no visits with A.H. between October 2023 and February 2024, and, following her two visits in February 2024, she did not visit with him again until December 2024. Ms. H. did not sign a release of information for mental health records or provide evidence of mental health treatment, and she did not engage in any service planning with the Department.

Ms. Sandruck testified that she was assigned as the adoption case worker in A.H.’s case in February of 2025. The court accepted Ms. Sandruck as an expert in general social work with a concentration in child welfare. Ms. Sandruck first observed Ms. H.’s interactions with A.H. during a supervised visit to the public library on February 18, 2025. During that visit, Ms. H. restricted A.H.’s play during play time, failed to respond to his cues, and, at times, failed to actively engage with him.

Ms. Sandruck had developed a service plan that she reviewed with Ms. H., but Ms. H. refused to sign it. Ms. H. stated to Ms. Sandruck that she felt that previous case workers, Dr. Kraft, and the hospital staff had all been dishonest about her disinterest in parenting A.H. and her mental health issues, asserting that she did not have mental health issues and she had always wanted A.H. in her care. Ms. H. provided Ms. Sandruck with her employment verification and stated that she worked overnight hours on a virtual platform as a “life coach or therapist” where she talks with people. Ms. Sandruck learned that Ms. H.’s employer was an adult entertainment company.

Ms. H. also provided Ms. Sandruck with a letter from her parents stating that she and A.H. could reside in their home, but when Ms. Sandruck contacted Ms. H.’s parents to verify the letter, they stated they had signed it only because Ms. H. had forced them to sign it. Ms. H.’s parents did not want her to continue to reside with them and questioned why the Department could not have her assessed “to be taken away somewhere.” When Ms. Sandruck attempted to assess Ms. H.’s parents’ home, she was not permitted entry and Ms. H. would not come out to speak with her.

The Department received two therapy progress notes from Ms. H.’s therapy provider dated August 20, 2025, and September 12, 2025, which were admitted in evidence. The September 12, 2025 progress note indicated that Ms. H. had received an evaluation, but it did not include any details of the evaluation, diagnosis information, or assessment of her parenting abilities.

Ms. Sandruck described A.H. as a very cute, active, and outgoing child. She testified that A.H. has “a very healthy attachment” to Ms. C. and her son. A.H. refers to Ms. C. as “mom” and depends on Ms. C. to meet his needs, knowing that he can trust and rely on her to meet those needs. A.H. also has a good relationship with Mary S. and has bonded with other family members. Ms. Sandruck had no health concerns for A.H. and no safety concerns for him in Ms. C.’s home.

Ms. Sandruck stated that A.H. has no attachment to Ms. H. and that Ms. C. has to encourage A.H. to interact with Ms. H. She noted that A.H. has never resided with Ms. H. and that he has very little contact with her. She explained that the Department and Ms. H.’s parents had concerns that Ms. H. had untreated mental health issues. She noted that Ms. H. had not been forthcoming with the Department by refusing to sign a service agreement and release of information for her medical providers and refusing the Department access to the home to complete a safety assessment.

In Ms. Sandruck’s expert opinion, any change in A.H.’s placement would likely cause psychological and physical distress to A.H. that would negatively impact him and his sense of safety and security. Ms. Sandruck stated that the termination of Ms. H.’s parental rights would provide permanency for A.H.

Ms. H. testified that she was not comfortable with A.H.’s placement with Ms. C. because she and Ms. C. are not close. She stated that there were periods of time that she did not have visits with A.H. in 2023 and 2024 due to a lack of transportation. Ms. H. recalled that the Department had offered her a service agreement, but she could not recall why she did not sign it. Ms. H. stated that she did not sign a release of medical information because it was her understanding that her medical providers would provide her records to her attorney, who would in turn provide them to the Department.

Ms. H. explained that she did not permit Ms. Sandruck in her home to conduct a home visit because Ms. H. was not dressed, and she was “completely caught off guard by [Ms. Sandrucks’s] arrival.” According to Ms. H., the visit was not scheduled for the day that Ms. Sandruck arrived at the home. Ms. H. testified that she was currently engaged in therapy at Positive Steps, LLC and that she sees the same therapist regularly. With respect to employment, Ms. H. stated she has a virtual position with an adult services company exchanging chat messages with customers, and that her work hours “vary at [her] discretion.”

At the conclusion of the hearing, the juvenile court issued an oral ruling on the record. The court found that Ms. H. was unfit to remain in a parental relationship with A.H. and that exceptional circumstances existed making the continuation of the parental relationship detrimental to A.H.’s best interests. The juvenile court found that it was in A.H.’s best interest to be adopted by a relative and granted the Department’s petition for guardianship of A.H. with the right to consent to adoption. Ms. H. noted a timely appeal.

STANDARD OF REVIEW

We review termination of parental rights decisions under three interrelated standards of review. *In re Adoption/Guardianship of C.E.*, 464 Md. 26, 47 (2019).

Specifically:

When the appellate court scrutinizes factual findings, the clearly erroneous standard of Rule 8-131(c) applies. Second, if it appears that the court erred as to matters of law, further proceedings in the trial court will ordinarily be required unless the error is determined to be harmless. Finally, when the appellate court views the ultimate conclusion of the court founded upon some legal principles and based upon factual findings that are not clearly erroneous, the court’s decision should be disturbed only if there has been a clear abuse of discretion.

Id. (quoting *In re Adoption/Guardianship of Ta’Niya C.*, 417 Md. 90, 100 (2010)).

We will find an abuse of discretion only if the court’s ruling “does not logically follow from the findings upon which it supposedly rests or has no reasonable relationship to its announced objective.” *In re Adoption of Jayden G.*, 433 Md. 50, 87 (2013) (internal quotations and citation omitted).

DISCUSSION

Ms. H. argues that the juvenile court erred in finding her unfit to parent A.H. as she was engaged with mental health services, had housing, employment, and visited regularly. She also contends that no exceptional circumstances exist that make it against A.H.’s best interests for her to continue a parental relationship with him.

The Department asserts that the juvenile court acted within its broad discretion and in A.H.’s best interests in granting the guardianship petition. Specifically, the Department argues that the evidence supported the juvenile court’s finding that Ms. H. was unfit to parent A.H. Alternatively, the Department contends that the juvenile court properly found

that exceptional circumstances required termination of the parental relationship.

Parents have a constitutional right to raise their children free from unwanted state intervention. *In re Adoption/Guardianship of Jasmine D.*, 217 Md. App. 718, 734 (2014) (citing *In re Adoption/Guardianship of Rashawn H.*, 402 Md. 477, 495 (2007)). This fundamental right creates a factual and legal presumption that it is in the child’s best interest to remain in the care and custody of the child’s parent, a presumption that can be overcome “only by a showing that the parent is either unfit or that exceptional circumstances exist that would make the continued relationship detrimental to the child’s best interest.” *In re C.E.*, 464 Md. at 50 (quoting *Rashawn H.*, 402 Md. at 498). Given the importance of the rights implicated in termination of parental rights proceedings, appellate courts apply heightened scrutiny when reviewing such decisions. *Id.* Indeed, “[p]roceedings to terminate parental rights necessitate maintaining a delicate balance between a parent’s constitutional right to raise their children, the State’s interest in protecting children, and the child’s best interests.” *In re: Adoption/Guardianship of H.W.*, 460 Md. 201, 205 (2018). “The child’s best interest has always been the transcendent standard in ... [termination of parental rights] proceedings.” *In re Ta’Niya C.*, 417 Md. 90, 112 (2010).

In determining whether the termination of parental rights is in the child’s best interest, the juvenile court must consider the factors set forth in Md. Code Ann., Family Law (“FL”) § 5-323(d); *Jayden G.*, 433 Md. at 94 (“A finding of parental unfitness overcomes the parental presumption, but it does not establish that termination of parental rights is in the child’s best interest. To decide whether it is, the court must still consider the

statutory factors under FL § 5-323(d).”). The State bears the burden of demonstrating parental unfitness or the existence of exceptional circumstances by clear and convincing evidence. *Ta’Niya C.*, 417 Md. at 103-04.

The Juvenile Court’s Findings of Fact

As a preliminary matter, the court made clear that it was not penalizing Ms. H. for the circumstances that brought A.H. into care, including her surprise at her pregnancy, her failure to obtain prenatal care, her contemplation of wrongful pregnancy litigation, and her indecision regarding adoption.

The court found it concerning, however, that she changed her mind about adoption “after a great deal of time with no contact,” and still failed to prioritize visitation with A.H. The court noted that “one would expect that [Ms. H.] would want every bit of access that she could possibly have.” But it seemed that “Ms. H. could not get past her ambivalence” about her relationship with Ms. C. for her to take advantage of opportunities to spend more time with A.H. The court questioned why Ms. H. had not made more progress toward her goal of reunification.

The court expressed concern that Ms. H.’s mental health status remained unclear, noting that her mental health was the basis for the initiation of the case, yet she had refused to sign medical releases. The court found the medical records provided by Ms. H. to be “very cursory summary letters,” which the court deemed “woefully insufficient.” The court attributed the lack of information regarding her mental health status to her unwillingness to provide the necessary documentation.

With regard to Ms. H.’s living arrangements, the court found it “quite odd and quite disturbing” that she lives with her parents, but she would not allow the Department to discuss the case with her parents. The court also commented that the minimal contact between the Department and Ms. H.’s parents was very concerning. The court noted that the financial support that Ms. H. would be able to provide, based on her employment, was relatively low.

The Juvenile Court’s Statutory Analysis

In reviewing a juvenile court’s decision on a petition for guardianship, FL § 5-323(d) requires that the court give “primary consideration to the health and safety of the child and consideration to all other factors needed to determine whether terminating a parent’s rights is in the child’s best interests[.]” FL § 5-323(d). Those factors that the court must consider include: (1) the nature, extent and timeliness of services offered to the parent; (2) the results of the parent’s and the Department’s efforts to adjust the circumstances, conditions, or conduct of the parent; (3) the parent’s history of abuse or neglect of the child or another minor in the home; and (4) the child’s emotional ties to his siblings and others who may affect his best interests significantly. *See* FL § 5-323(d)(1)-(4).

The juvenile court considered the factors listed in FL § 5-323(d) and adopted with specificity the Department’s arguments under each factor. In addressing the nature, extent, and timeliness of the services offered to Ms. H., the juvenile court noted that the Department had offered Ms. H. extensive services and support, and transportation to visits. The court explained that given the lack of information regarding her mental health status, it was unclear what additional services could have been provided that would have

benefitted her. The court noted that when offered opportunities, “parents have to show that they’re willing to do what needs to be done.” The court noted that Ms. H. had not been willing to provide necessary mental health information or complete the initial step of signing medical releases. The documents she provided showing two therapy visits were “woefully insufficient.” As a result, the court determined that there were no additional services “that would be likely to enable reunification with 18 months, or any ascertainable time.”

With respect to FL § 5-323(d)(2), the efforts of the Department and the parent, the court found that Ms. H. had more than enough time to adjust and move forward for the sake of [A.H.], but she had not shown any improvement. The court attributed Ms. H.’s lack of progress to her refusal to provide the necessary information for the Department to assess her mental health, her home and family, and her fitness to parent. The court found that her lack of progress was not due to a lack of effort on the part of the Department. Though she visited with A.H. twice per month, at no time did Ms. H. progress to unsupervised or overnight visits with A.H. The court described Ms. H.’s efforts since January 2025 as “too little too late.”

Pursuant to FL § 5-323(d)(4), the court considered A.H.’s emotional ties and well-being and found that A. H. had never been in the unsupervised care of Ms. H. A.H. has been in care longer than the statutory period of eighteen months and he required permanency. The court noted that A.H. had an excellent opportunity to be placed with family and that Ms. C. had “stepped up” to care for him. The court found “that continuation of the parent-child relationship would diminish [A.H.’s] prospects for early integration into

[a] stable and permanent family.” The court noted that although Ms. H. and Ms. C. were half-sisters who were not close growing up, they had the opportunity to move forward and build a relationship based on their shared love for A.H.

Ms. H. argues that a lack of evidence showing progress in her mental health treatment does not render her unfit to parent A.H. She asserts that at the time of the guardianship hearing, she was committed to parenting A.H., and the court erred in ignoring the evidence of her progress, specifically that she was engaged in therapy, as Dr. Kraft had recommended. Ms. H. argues that she required additional time to establish a treatment plan and goals with her therapist to provide a “track record” of her mental health treatment and compliance. She submits that continued guardianship with Ms. C., a family member, would ensure permanency for A.H., while providing Ms. H. “an opportunity to continue her progress.”

The Supreme Court of Maryland had explained that “[a] critical factor in determining what is in the best interest of a child is the desire for permanency in the child’s life.” *Jayden G.*, 433 Md. at 82. Long-term care is “harmful to children and prevent[s] them from reaching their full potential.” *Id.* at 83 (citation omitted). The “reality of a child’s life” must be considered in the court’s determination of the best interests of the child. *See In re Ashley S.*, 431 Md. 678, 719 (2013). The court must consider the history of the parent’s conduct and “the actual circumstances of the child’s life.” *Id.* “In balancing fairness to the parent and fulfilling the needs of the child, the child prevails.” *Id.*

At the time of the guardianship hearing, A.H. had been in care for the entirety of his life, almost twenty-six months. The court found that Ms. H. had more than enough time to

make some progress, but that she had not shown improvement, largely due to her refusal to give the Department access to her mental health records, her home, and her family. As a result, the court found that there were no additional services that would likely enable reunification in the near future. Continued guardianship placement, under these circumstances, would keep A.H. in a state of limbo that would hold him back from permanency. *See In re Adoption/Guardianship of C.A. & D.A.*, 234 Md. App. 30, 56 (2017) (affirming termination of parental rights where father was not in a position to take care of his children in the immediate future, or, possibly, ever, and maintaining guardianship would place the children “in a state of suspended animation until a future date that may never occur”).

Ms. H. also argues that there were no exceptional circumstances present to warrant termination of her parental rights. She argues that there was no evidence that she had ever endangered A.H., nor was there evidence showing that it would be traumatic for A.H. to remain in guardianship and not be adopted by Ms. C.

In this case, Ms. H. remained ambivalent about parenting A.H. for most of the time that he was in care. When she changed her position and decided that she wanted to parent A.H., she failed to cooperate with the Department’s efforts to assess her mental health, her home and family situation, and her fitness to parent. As the court pointed out, she participated in visitation offered by the Department, but she did not avail herself of the numerous visitation opportunities extended to her by Ms. C. that would allow her to develop a relationship with A.H. We have noted that “a parent’s *actions and failures to act* both can bear on the presence of exceptional circumstances and the question of whether

continuing the parent-child relationship serves the child’s best interests.” *In re Adoption of K’Amora K.*, 218 Md. App. 287, 307 (2014). Here, the juvenile court found that “continuation of the parent-child relationship would diminish [A.H.’s] prospects for early integration into [a] stable and permanent family.” Though Ms. H. believed that she could achieve meaningful progress at some time in the future, the court determined that A.H. “does not have that kind of time.” In the court’s final analysis, A.H.’s need for permanency prevailed.

The juvenile court did not err in concluding that Ms. H. was unfit to remain in a parental relationship with A.H. and that exceptional circumstances existed that made the continuation of the parental relationship detrimental to A.H.’s best interests.

**JUDGMENT OF THE CIRCUIT COURT
FOR BALTIMORE COUNTY AFFIRMED.
COSTS TO BE PAID BY APPELLANT.**